STATE OF WEST VIRGINIA

Offices of the Insurance Commissioner

Please provide the following information pertaining to the designated administrator for which you are requesting access to the Claims Index. Return the completed application to:

WV Offices of the Insurance Commissioner
Attn: Claims Services
PO Box 50541
Charleston, WV 25305

Date of Request: _____

First Name: _____ **Last Name:** _____

Title: _____ **Email Address:** _____

Telephone: _____ **Fax:** _____

Company : _____

Company Address: _____

City: _____ **State/Zip:** _____

Federal ID Number: _____

Authorizing Signature: _____

Applicant Signature: _____

To Be Completed by OIC Claims Services:

Date Received:

Date Approved:

Approved by: